

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The time time to confeccion of cach violation is specified in the narrantee portion of this report.							
Establishment Name Baby Mae's				Telephone Number 8/2-677-6719	Date of Inspection (mm/dd/yr) PERMIT #		
Establishm 1817 (ent Addres	s (nu	mber and street, city, state, zip code) KLn New Albany, W 47150		1-23	-20 23	
Owner	•		n Long	Purpose:	Follow-u	p Release Date Todal/	
Owner's A	ldress			2. Follow-up Summary 3. Complaint		of Violations:	
Person in C	harge /	10,	rshour Long	4. Pre-Operational	$CZ NC^3 R$		
Responsible	e Person's	E-ma	il	5. Temporary 6. HACCP	Menu Ty	pe (See back of page)	
Certified F	ood Manag	ger Mi	orshoun Long 8-18-22	7. Other (list)	12	3 4 5	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Corrected By	
324	C		Observed broken filling a	on hot water		1 day	
	_		Sink line.		- 60	fore cooking -	
415	C		Observed mire droppings in HVal closet. Corrected.				
295	MC		Observed outdoor preptable in need I day				
			of more frequent Cleaning				
347	NC	R	Observer no hand towels at outdoor houp sint. I day				
392	M		Observed dougster let open Iday				
			0.00			7	
	- follow-up will be done tomorow						
		-tollow-up will be done tomorow					
			7 2 (30				
						-	
		-					
					_		
<u> </u>						_	
Received by (name and title printed): Inspected by (name and title printed):							
MARSHAUN LONG (OWNER) Thomas Snider, EHS							
Received by (signature): Inspected by (signature):							
cc: cc:							